C

1. PLACE OF BIRTH		BOARD OF HEALT ITAL STATISTICS CIFICATE OF BIRTH	H State File No. // 8. Registered No. // >
County Lila	STANDARD CERT	State arison	
District or Township		or Village	100
City Mami No 608 Line Oak St st			
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child	e ovuerigo		supplemental report, as directed.
3. Ser of Child To be answered in event of plumblrths.			7. Date of birth Day 8- 1927 - Month Day Year
8. FATI	HER	14.	MOTHER
Full name Magdalls	is Autriso	Full maiden name	aria. Hernandes
9. Residence (Usual place of abode)	Miami.	15 Residence (Usual place of abode)	Miami.
If non-resident, give place and str	ite. Urizona.	If non-resident, give	place and state. Aryona
10. Color or race	0	16 Color or race	0
Med. 11. Age	e at last birthday 38 (Years)	Mex.	17. Age at last birthday 29 (Years)
12. Birthplace (city or place)	Sonora.	18. Birthplace (city or place) Suraloa,	
(State or country)	Mly.	(State or country)	mex.
13. Occupation	·	19. Occupation	
Nature of industry Mill		Nature of industry Housewile	
20. Number of children of this moth	(a) DOER MINE &	nd now living	21. Were precautions taken against oph- thalmin neonatorum?
(Taken as of time of birth of child h certified and including this child.)	(c) Stillborn		yes
I hereby certify that I attended the birth of this child, who was to war at I A . m. on the date above stated (Born, alive on extillators)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn			
child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife).			
a supplemental report			
Month, day, year			
Registrar Registrar			
186-1108-489			

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